Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or the presence of a non-job related medical condition or disability.

PLEASE PRINT			
Position(s) Applied for		D	Date
Name			
Last	First		Middle
Street Address			
City	State	Zip Code	
Telephone ()Area Code	Email		
If you are under the age of 18 can you f Have you filed an application here befo Have you ever been employed here befo	ore? Yes No If yes, gi	ve date(s)	
Are you currently employed? Yes Are you lawfully authorized to work in On what date would you be available to		No	
What is you current salary? Monthly	Annual _		
What is desired or expected salary? Mo			
Are you able to work Full-Time	Part-Time Temporary		
Are you on a layoff and subject to recal	1? Yes No		
Can you travel if a job requires it? Y	es No		

Employment Experience

Start with your present or last job going back five years. If you need additional space, please continue on a separate sheet. **Please attach a copy of your current resume.**

Employer	Job Title
Address	Duties Performed
Supervisor	
Dates From To	
Monthly or Annual Salary	
Reason for leaving	
Employer	Job Title
Address	Duties Performed
Supervisor	
Dates From To	
Monthly or Annual Salary	
Reason for leaving	
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Dates From To	
Monthly or Annual Salary	
Reason for leaving	
	·

Are you a member of the			•	No
If yes, branch:				
Dates of service:				
Have you ever be Have you ever pl violation? Ye Are you currently Do you owe any Are you in arrear	the following questions een fired from a job? (do led guilty to or been con s No y involved in any litigat	is "Yes," please atta ownsizing/layoff is n victed of any crimin ion? Yes No No nents? Yes No	ch a signed, detailed explor of applicable) Yes al offense other than a mi	No nor traffic
Indicate languages you s	speak, read, and/or write			
	Fluent	Good	Fair	7
Speak				
Read				
Write				
List professional, trade, Give names, addresses, an			not include relatives).	
Name	Λ,	ldress	Phone Number	
1.	A	idiess	Filone Number	
2.				
3.				
May we contact your pro	esent employer? Yes			
Name of contact:		Phoi	ne:	

Special Skills an	_			
			syment or other experience	ce, such as computer
skills, etc.				
Education				
	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Description Course of Study:				
Honors Received				
Describe specialized tr	raining, apprenticeship	, skills, and extra-cur	ricular activities.	
State any additional in	formation you feel ma	y be helpful to us in c	onsidering your application	on
	APPLI	CANT'S STAT	EMENT	
I certify that answers g	given herein are true ar	nd complete to the bes	st of my knowledge.	
_			tion for employment as n ion is not, and is not inter	-
or interview(s) may res	sult in discharge. I und ce of the Illinois State	lerstand that if hired I	information given in my a am required to abide by a tizenship or immigration	all rules and
Signature of Applicant	t		Date	
	•		ion for Employment to the nent of Human Resources	

or

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